2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# P00000114486

Entity Name: P.A. REHABILITATION CENTER, INC

Current Principal Place of Business:

900 W 49TH ST, SUITE 422
HIALEAH, FL 33012

New Principal Place of Business:

900 W 49TH ST, SUITE 422
SUITE 422
HIALEAH, FL 33012

Current Mailing Address:

900 W 49TH ST, SUITE 422
HIALEAH, FL 33012

New Mailing Address:

900 W 49TH ST, SUITE 422
SUITE 422
HIALEAH, FL 33012

FEI Number: 65-1063890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDEZ, MODESTO V
900 WEST 49 STREET
SUITE 422
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VALDEZ, MODESTO V
Address: 159 EAST 52 PL
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MODESTO V VALDEZ PRES 04/06/2011

Electronic Signature of Signing Officer or Director — Date